

**WESTERN AUSTRALIA**

**Application to Amend Health Records**

**APPLICANT DETAILS**

Mr/Mrs/Ms/Dr ..... Surname ..... Given names .....  
(include previous name if applicable)

Date of Birth: ...../...../..... Phone (H) ..... (W) ..... (M).....

Address ..... State ..... Postcode .....

**Are you applying on behalf of another person? (Circle your response) Yes No**  
**If yes, please provide details of the other person:**

Mr/Mrs/Ms/Dr ..... Surname ..... Given names .....  
(include previous name if applicable)

Date of Birth ...../...../..... Your relationship to this person: .....

*If you are applying on behalf of someone else, you must provide identification (e.g. birth/marriage/death certificate/s) clearly showing you are the closest relative to the subject of the application, in addition to personal identification. If you are not the closest relative, you must provide written authorisation from the closest relative permitting you to access the information. Authorisation forms are available by contacting us (see contact numbers overleaf).*

**DETAILS OF INFORMATION TO BE AMENDED**

Please give details of the information you wish to be amended - include title, date and author of the document/s if possible.

.....  
.....

**REASON FOR AMENDMENT**

This information is (circle response): **Inaccurate Incomplete Out of Date Misleading**

Please describe why you believe the information is inaccurate/incomplete/out of date/ misleading.

.....  
.....

**FORM OF AMENDMENT**

Type of amendment requested (circle response): **Alteration Insertion Insert a file note**

Please describe the changes you require. You may attach additional information to this form.

.....  
.....

I have attached a photocopy of my passport or driver's licence. **Yes**

**Applicant's Signature** ..... **Date** .....

**Hospital/Service use only**

MRN ..... Received on ...../...../..... at .....

Proof of Identity Type ..... Photocopy attached/sighted .....

Acknowledgement sent on ...../...../.....

Name of officer ..... Signature .....

St John of God Health Care Inc.  
ARBN 051960 911 ABN 21 930 207 958  
(Limited Liability) Incorporated in  
Western Australia

## WESTERN AUSTRALIA CONTACT DETAILS

Please mail or fax your completed application form to the relevant St John of God Health Care hospital or service. For up to date contact details please check our website: <https://sjog.org.au/about-us/contact-us/hospitals>

Please feel free to contact the relevant hospital by telephone if you have any questions regarding this form.

## OUR HOSPITALS

### St John of God Bunbury Hospital

Health Information Manager  
PO Box 5006  
Bunbury WA 6230  
Tel: 08 9722 1600  
Fax: 08 9722 1650

### St John of God Geraldton Hospital

Health Information Manager  
PO Box 132  
Geraldton WA 6531  
Tel: 08 9965 8888  
Fax: 08 9964 2015

### St John of God Midland Public and Private Hospitals

Consumer Liaison and Release of Information Officer  
PO Box 268, Midland WA 6936  
Tel: (08) 9462 4000  
Email: [mihealth.information@sjog.org.au](mailto:mihealth.information@sjog.org.au)

### St John of God Mt Lawley Hospital

Health Information Manager  
Thirlmere Road  
Mt Lawley WA 6050  
Tel: 08 9370 9626  
Fax: 08 9370 9227  
Email: [mt.privacy@sjog.org.au](mailto:mt.privacy@sjog.org.au)

### St John of God Subiaco Hospital

Health Information Manager  
PO Box 14  
Subiaco WA 6904  
Tel: 08 9382 6111  
Fax: 08 9382 6103  
Email: [subiaco.records@sjog.org.au](mailto:subiaco.records@sjog.org.au)

### St John of God Murdoch Hospital

Senior Health Information Officer  
100 Murdoch Drive  
Murdoch WA 6150  
Tel: 08 9366 1111  
Fax: 08 9366 1162